

Adopt-a-Highway

Activity Report

(Please Print)



Today's Date: _____

Date of Clean-up: _____

AAH Group Name: _____
(Name on Sign)

Location of Roadway: _____ County of Clean Up: _____

Contact Person: _____ Phone Number: _____
(Please note any address/contact person changes on back of form.)

Did you clean the entire length of your roadway? Yes _____ No _____

How many people participated in the clean-up? _____

How many hours did the clean-up last? _____

Number of Bags Collected: Cans _____ Bottles _____ Other _____

How did you dispose of AAH trash? DelDOT can pick up from AAH sign at _____ .
(end of road or intersection)

Took to DelDOT Area Yard. _____ With personal/business trash. _____

What was the general condition of the right-of-way before the clean-up?

Excellent Good Fair Poor Other _____

Please report any hazardous materials, large items or dead animals for DelDOT to retrieve.

Please report any items on bridges, riprap, or **ON** the roadway for DelDOT to retrieve.

For Office Use Only

Maintenance Area: _____ Sponsor # _____ Road # _____ Clean-up # _____

Date Report Received: _____ Date Trash Picked Up: _____

Comments: _____